

FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36684

State File No.

4510

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 103 Ward Parkway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether)  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Sidney J. Lasley  
3. (b) If veteran, name war WW #1 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Mrs. Bernice A. Lasley 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased September 9 1892  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation School Teacher  
11. Industry or business School

MOTHER FATHER { 12. Name Robert Lee Lasley  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Jessie M.  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice A. Lasley  
(b) Address 103 Ward Parkway, Kansas City, Mo.  
17. (a) burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH  
18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 11-5-48 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 103 Ward Parkway (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4  
year 1948 hour 2:30 minute A. M.  
21. I hereby certify that I attended the deceased from born 19   to    19    
that I last saw h    alive on    19    
and that death occurred on the date and hour stated above.  
Immediate cause of death coronary occlusion Duration   

Due to     
Due to     
Other conditions    (Include pregnancy within 3 months of death)

Major findings:  
Of operations     
Of autopsy     
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)     
(b) Date of occurrence     
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work? (Specify type of place) (e) Means of injury     
23. Signature James C. Walker (M. D. or other)  
Address 14211 1/2 rd Date signed 11-4-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*William L. Anderson*, Registered Apprentice No. *259*  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *1415*

P. O. Address *P.O. Box*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.